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IA NUMBER:	PCT/ FR98 / 01241	IA FILING DATE:	06 / 12 / 98
FAMILY NAME:	ASIUS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JEROME	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 13 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	0198/00047	COUNTRY:	FRX
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APPLICATION TITLES:	IMPLANT FOR SUBCUTANEOUS OR INTRADERMAL INJECTION		

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Bib Data Sheet

CONFIRMATION NO. 9813

SERIAL NUMBER 09/242,103	FILING OR 371(c) DATE 02/08/1999 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY-DOC NO. 0198/00047
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APPLICANTS

JEROME ASIUS, MAUGUIO, FRANCE;
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** CONTINUING DATA *****

This application is a 371 of PCT/FR98/01241 06/12/1998

** FOREIGN APPLICATIONS *****

FRANCE 97 07334 06/13/1997

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	US USC 119 (a-d) conditions met: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>Paul P. Smith</i>	Initials			

ADDRESS

30678

TITLE

IMPLANT FOR SUBCUTANEOUS OR INTRADERMAL INJECTION

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/242,103	FILING DATE 02/08/99	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 0198/00047
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APPLICANT

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****CONTINUING DOMESTIC DATA*******

VERIFIED

PBP

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/FR98/01241 06/12/98

PBP yes

****FOREIGN APPLICATIONS*******

VERIFIED FRANCE 97 07334 06/13/97

PBP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>PBP</u> Examiner's Initials _____	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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TITLE

IMPLANT FOR SUBCUTANEOUS OR INTRADERMAL INJECTION

FILING FEE RECEIVED \$840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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